

FILED SEP 11 1948

Registration District No. 369

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6257

State File No. 28710

Registrar's No. 17

1. PLACE OF DEATH:

- (a) County Wayne
(b) City or town Patterson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 70 years

3. (a) PRINT FULL NAME James Babb

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth C. Babb
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased July 22 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>11</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace Wayne County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Saw mill work

11. Industry or business Saw mill

12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Amanda Kelly
15. Birthplace Wayne Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Claude Babb

(b) Address Patterson, Mo.

17. (a) Burial (b) Date thereof July 23, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bings Creek near Richmond

18. (a) Signature of funeral director James E. Piles

(b) Address Piedmont, Mo.

19. (a) Aug 7-1948 (b) James E. Piles
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Wayne
(c) City or town Patterson
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1948 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from March 1944 to July 1948
that I last saw him alive on July 17
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to _____

Due to _____

Other conditions (Include pregnancy within 5 months of death) 92

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 9

23. Signature James E. Piles (M. D. or other) _____

Address 914 1/2 E. 1st St. Date signed 8-2-48

(Licensed Embalmer's Statement on Reverse Side)

VED

Health Officer No. 4

File Number 948-110

Date Filed 9-10-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by *Me*

Registered Apprentice No.

working under my personal supervision.

Signed

Marvin E. Bowler

Licensed Embalmer No.

4426

P.O. Address

Piedmont, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.